

CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102/ Fax: 305-261-1601

BIDDER ACKNOWLEDGEMENT

IFB Title: Automotive Body Repair Services	Electronic Bid response must be received prior to 2:00 p.m., on December 20, 2024 , via INFOR and may not be withdrawn for 90 calendar days. Submittals received after the specified date and time will not be accepted.
IFB No. 2024-049	Contact: Neivy Garcia Title: Procurement Specialist Telephone: 305-460- 5121 Facsimile: 305-261-1601 Email: ngarcia2@coralgables.com / contracts@coralgables.com
A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.	

Bidder Name: <u>Molina Garage</u>	FEIN or SS Number: <u>59-1362309</u>
Complete Mailing Address: <u>2091 N.W. 7ave Miami, FL 33127</u>	Telephone No. <u>305-324-4203</u>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Cellular No. <u>786-247-1155</u>
Bid Bond / Security Bond (if applicable) <u>(N/A)</u>	Fax No.: <u>305-324-7390</u>
	Email: <u>Molinasgarage6Att.net</u>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM YOUR BID NON-RESPONSIVE.


THE BIDDER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE IFB DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE IFB DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES, IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS IFB PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN BLUE INK ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED, AS WELL AS, ANY SPECIAL INSTRUCTION SHEET(S), IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND THE PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.

Dani Medina D Medina Manager (VP) 1-15-2025
 Authorized Name and Signature Title Date

Coral Gables and Miami-Dade County Local Preference Acknowledgement. (Check the box if you are asserting you qualify. A valid Coral Gables and or Miami-Dade County business tax receipt must be submitted as proof of qualification.) Please refer to Ordinance 2009-53, § 2, 11-17-2009/Procurement Code Sec. 2-696.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

 Addendum No. 1 Date 1-15-2025 Addendum No. _____ Date _____

 Addendum No. 2 Date 1-15-2025 Addendum No. _____ Date _____

Addendum No. _____ Date _____ Addendum No. _____ Date _____

Failure to adhere to changes communicated via any addendum may render your response non-responsive.

Molina Garage

2091 N.W. 7 Ave

Miami , Fl. 33127

Office 305-324-4203

Cell 786-247-1155

molinasgarage@att.net

January 15, 2025

Section 3A3 -Maintain authorized staffed:

Dani Medina : Responsible for day-to-day business , Estimate , Customer Service , Purchasing ,Contract and all Invoice years of experience performing over 20 years.

Lydia Medina : Responsible for day-to-day business , Account Receivable and Securing everything is going well years of experience performing over 20 years.

Jonathan Cruzlleras : Responsible for day-to-day Inspection for all vehicle in and out years of experience performing over 8 years.

Yornell Penaranda : Responsible for day-to-day Picking up and deliver vehicles , Shipping ,Receiving and installing decals years of experience performing over 10 years.

Thank You

Molina Garage

Dani Medina

Lydia Medina

Handwritten signatures in blue ink. The top signature is for Dani Medina, and the bottom signature is for Lydia Medina.

Line Responses For Event # 96-3

Company: 1

Event #: 96-3

Event Name: Automotive Body Repair Services

Supplier Group: COCG

Supplier: 2197

Supplier Name: Molina Garage

Supplier Contact: 1

Supplier Contact Name: Dani Medina

Line Responses

Line #	Item	Description	Vendor Item	Vendor Item Description	Line Quantity	Response Quantity	Unit of Measure	Unit Price	No Charge	No Bid	No Bid Reason	Response Exists	Questions Exist	Is Awarded	Supplier Name Derived
* 1	HOURLY LABOR RATE	Standard Hourly Labor Rate for Auto Body Repair Services			1,200.0 0	1,200.00	HR	40.000	No	No		Yes	No	No	Molina Garage



BODY SHOP

BODY SHOP

WOMEN MAKE HISTORY

WOMEN MAKE HISTORY





CITY OF CORAL GABLES REFERENCE FORM
IFB No. 2023-049 Automotive Body Repair Services

Complete the form as indicated below, to provide the required information as outlined in Section 3 of the solicitation. The City shall contact the companies listed below to verify the work performed on behalf of your company. All fields must be completed.

Reference # 1 must cover the minimum three (3) year period from the issuance date of this solicitation.

1. Project Name/Location City of Miami

Owner Name _____

Contact Person John Jr. Babos

Contact Telephone No. C-954-871-8707 / office 305-329-4872

Email Address: jbabos@miamigov.com

Yearly Budget/Cost _____

Dates of Contract From: April 29, 1995 To: Present

Project Description Collision Damage Body work, Repair, and Paint Services

Additional References must cover similar engagements satisfactorily performed in the last three (3) years.

2. Project Name/Location Miami Dade County

Owner Name _____

Contact Person Julio Revoredo

Contact Telephone No. 305-468-2518

Email Address: Julio.revoredo@miamidade.gov

Yearly Budget/Cost _____

Dates of Contract From: 8-12-2015 To: Present

Project Description Body Work, Repair Collision Damage



3. Project Name/Location Dana Safety Supply - Miami
Owner Name _____
Contact Person Edwin Salgado
Contact Telephone No. 305-951-4320
Email Address: esalgado@danasafetysupply.com
Yearly Budget/Cost _____
Dates of Contract From: 1/2020 To: Present
Project Description Repair and Paint

4. Project Name/Location Miami Beach
Owner Name _____
Contact Person Alian Gonzalez
Contact Telephone No. 305-673-7490
Email Address: aliangonzalez@miamibeachfl.gov
Yearly Budget/Cost _____
Dates of Contract From: 6/10/2003 To: Present
Project Description Body Work - Repair
Collision Damage

5. Project Name/Location _____
Owner Name _____
Contact Person _____
Contact Telephone No. _____
Email Address: _____



Yearly Budget/Cost _____

Dates of Contract From: _____ To: _____

Project Description

6. Project Name/Location _____

Owner Name _____

Contact Person _____

Contact Telephone No. _____

Email Address: _____

Yearly Budget/Cost _____

Dates of Contract From: _____ To: _____

Project Description

BIDDER INFORMATION:

Company Name: Molina Garage

Representative: Dani Medina

Address: 2091 N.W. 7 ave Miami, Fl. 33127

Telephone No.: 305-324-4203

Fax No.: _____

Email Address: molinasgarage@Att.net

Molina Garage

2091 NW 7 Ave

Miami , FL. 33127

molinasgarage@att.net

305-324-4203

October 15, 2024

Inventory

Frame Machine

Alignment Machine

Paint Mixer Machine

Air Conditioning Machine 1234Y

Air Conditioning Machine 134

5 Car lifts

Mitchell Estimator Program

Welding Machine Snap-On MM 250SL Aluminum

Welding Machine Snap-On YA 212A

Forklift

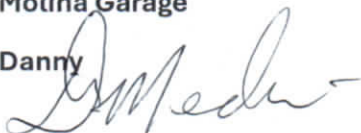
Tire Changer

Tire Balancing 1300-2D

Sand blast Machine

Molina Garage

Danny

A handwritten signature in black ink, appearing to read 'Danny', is written over the printed name 'Danny'.

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



334342

RECEIPT NO.

RENEWAL

7605107

BUSINESS NAME/LOCATION

MOLINA GARAGE INC
2091 NW 7TH AVE
MIAMI, FL 33127-4605

EXPIRES
SEPTEMBER 30, 2025

Must be displayed at place of business

Pursuant to County Code
Chapter 8A - Art. 9 & 10



OWNER

MOLINA GARAGE INC

SEC. TYPE OF BUSINESS

213 AUTO / TRUCK / VAN
SERVICE

**PAYMENT RECEIVED
BY TAX COLLECTOR**

45.00 07/10/2024
INT-24-421919

Employee(s) 1

MV4766

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175
786-469-2300

Business Name: Molina Garage, Inc.

Business Location: 2091 NW 7 AVE
Miami, FL 33127

License Number: MVR-01094

Expiration Date: 9/30/2026

BUSINESS LICENSE

Department of Regulatory and Economic Resources - Consumer
and Neighborhood Protection

License Type: MVR

Classification: Brake Repair, Engine
Performance, Front End,
Heating & Air Conditioning,
Paint & Refinishing,
Structural Repair,
Alarm/Radio Installation,
Glass Installation, Muffler
Installation, Oil Changes,
Recreational Trailer Repair,
Tire Installation, Vehicle
Graphics & Wraps, Vehicle
Upholstery, Window Tinting

MIAMI-DADE
COUNTY

This registration is **non-transferable**. The registration/license # must be stated in all advertisements.

TO BE POSTED IN A CONSPICUOUS PLACE

Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175
786-469-2300

Issued To: Silvano Dominguez

Mailing Address: 943 NW 106 AVE CIR
Miami, FL 33172

License Number: MVR-E-091718

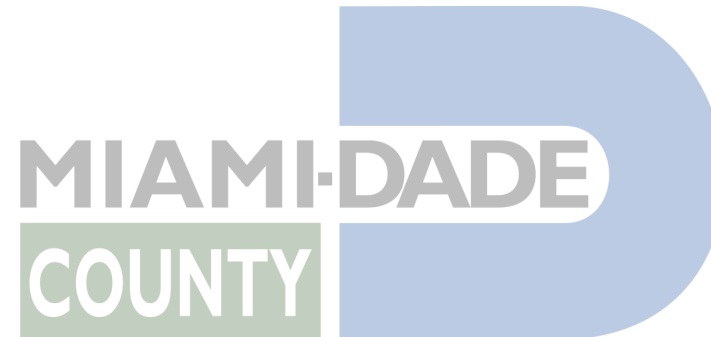
Expiration Date: 2/15/2027

PROFESSIONAL LICENSE CERTIFICATE

Department of Regulatory and Economic Resources - Consumer
and Neighborhood Protection

License Type: Exempt Mechanic

Classification: Brakes, Engine Performance,
Heating & AC



This registration is **non-transferable**

TO BE POSTED IN A CONSPICUOUS PLACE



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
MOLINA GARAGE, INC.

Filing Information

Document Number 389200
FEI/EIN Number 59-1362309
Date Filed 09/30/1971
State FL
Status ACTIVE

Principal Address

2091 N W 7 AVE
MIAMI, FL 33127

Changed: 05/02/2000

Mailing Address

2091 N W 7 AVE
MIAMI, FL 33127

Changed: 05/02/2000

Registered Agent Name & Address

Molina, Carmen Gloria
2091 N.W. 7TH AVENUE
MIAMI, FL 33127

Name Changed: 02/15/2024

Officer/Director Detail

Name & Address

Title PD

Molina, Carmen Gloria
2091 N W 7 AVE
MIAMI, FL 33127

Title VPD

Medina, Dani
2091 N W 7 AVE
MIAMI, FL 33127

Title SD

Medina, Lydia
2091 N W 7 AVE
MIAMI, FL 33127

Annual Reports

Report Year	Filed Date
2022	02/22/2022
2023	02/08/2023
2024	02/15/2024

Document Images

02/15/2024 -- ANNUAL REPORT	View image in PDF format
02/08/2023 -- ANNUAL REPORT	View image in PDF format
02/22/2022 -- ANNUAL REPORT	View image in PDF format
03/02/2021 -- ANNUAL REPORT	View image in PDF format
02/24/2020 -- ANNUAL REPORT	View image in PDF format
02/26/2019 -- ANNUAL REPORT	View image in PDF format
03/08/2018 -- ANNUAL REPORT	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
03/01/2016 -- ANNUAL REPORT	View image in PDF format
02/09/2015 -- ANNUAL REPORT	View image in PDF format
02/26/2014 -- ANNUAL REPORT	View image in PDF format
03/20/2013 -- ANNUAL REPORT	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
04/13/2011 -- ANNUAL REPORT	View image in PDF format
04/22/2010 -- ANNUAL REPORT	View image in PDF format
06/17/2009 -- ANNUAL REPORT	View image in PDF format
04/10/2008 -- ANNUAL REPORT	View image in PDF format
02/26/2007 -- ANNUAL REPORT	View image in PDF format
03/12/2006 -- ANNUAL REPORT	View image in PDF format
01/13/2005 -- ANNUAL REPORT	View image in PDF format
02/16/2004 -- ANNUAL REPORT	View image in PDF format
01/21/2003 -- ANNUAL REPORT	View image in PDF format
01/31/2002 -- ANNUAL REPORT	View image in PDF format
01/25/2001 -- ANNUAL REPORT	View image in PDF format
05/02/2000 -- ANNUAL REPORT	View image in PDF format
03/22/1999 -- ANNUAL REPORT	View image in PDF format
05/05/1998 -- ANNUAL REPORT	View image in PDF format
02/25/1997 -- ANNUAL REPORT	View image in PDF format
03/12/1996 -- ANNUAL REPORT	View image in PDF format

[02/28/1995 -- ANNUAL REPORT](#)

[View image in PDF format](#)

STATE OF FLORIDA

COUNTY OF MIAMI - DADE

On this 05 day of December, 2024, before me the undersigned Notary Public of the State of FLORIDA, personally appeared DANI MEDINA
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.


NOTARY PUBLIC, STATE OF FLORIDA

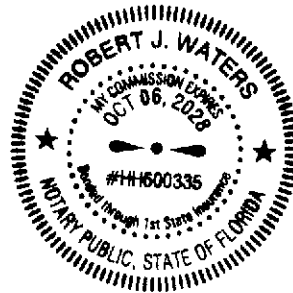
Robert J. Waters

(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

FLORIDA DRIVER LICENSE
(Type of Identification Produced)



SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the company, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the company) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the company) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is the _____
(Owner, Partner, Officer, Representative or Agent)

of the bidder that has submitted the attached bid response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached bid response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of bidder's officers or employees are employed by the City, indicate name and relationship below.

Name: N/A Relationship: N/A

Name: N/A Relationship: N/A

- 4. No lobbyist or other bidder is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT

Preference may be given to bidders submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND
CONE OF SILENCE**

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

**SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

**SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

Addendum No. _____ Date _____ Addendum No. _____ Date _____

Addendum No. _____ Date _____ Addendum No. _____ Date _____

Addendum No. _____ Date _____ Addendum No. _____ Date _____

Failure to adhere to changes communicated via any addendum may render your response non-responsive.



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)

12/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NEA Insurance Group, LLC 8700 W. Flagler St., Suite 401 Miami FL 33174		CONTACT NAME: Jessica Blanco PHONE (A/C, No, Ext): (305)221-2400 E-MAIL ADDRESS: jessica@avante-nea.com		FAX (A/C, No): (305)221-2411	
INSURED Molina Garage, Inc. 2091 NW 7th Avenue Miami FL 33127		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: StarStone National Insurance Co			25496
		INSURER B: Associated Industries Insurance Company, Inc.			23140
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES PROD / CUSTOMER ID: 00002085 **CERTIFICATE #:** CL2441512689 **REVISION #:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS			76GA0004063650	02/23/2024	02/23/2025	AUTO ONLY (Ea accident) \$ 1,000,000 OTHER THAN AUTO ONLY EA ACCIDENT \$ 1,000,000 AGGREGATE \$ 1,000,000	
	GARAGE KEEPERS LIABILITY <input type="checkbox"/> LEGAL LIABILITY <input checked="" type="checkbox"/> DIRECT BASIS <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS			76GA0004063650	02/23/2024	02/23/2025	<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS LOC 1 \$ 300,000 <input checked="" type="checkbox"/> COLLISION LOC 1 \$ 300,000 LOC \$	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below		N/A	AWC1202489	01/08/2024	01/08/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Coral Gables
Insurance Compliance
PO BOX 100085-CE
Duluth

GA 30096

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175
786-469-2300

BUSINESS LICENSE

Department of Regulatory and Economic Resources - Consumer
and Neighborhood Protection

Business Name: Molina Garage, Inc.

License Type: MVR

Business Location: 2091 NW 7 AVE

Classification: Brake Repair, Engine

Miami, FL 33127

Performance, Front End,

License Number: MVR-01094

Heating & Air Conditioning,
Paint & Refinishing,

Expiration Date: 9/30/2026

Structural Repair,

Alarm/Radio Installation,
Glass Installation, Muffler

Installation, Oil Changes,
Recreational Trailer Repair,

Tire Installation, Vehicle

Graphics & Wraps, Vehicle

Upholstery, Window Tinting



This registration is **non-transferable**. The registration/license # must be stated in all advertisements.

TO BE POSTED IN A CONSPICUOUS PLACE



City of Coral Gables
Finance Department/Procurement Division

Employer E-Verify Affidavit

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

1837575
Federal Work Authorization User Identification Number
May 24, 2022
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

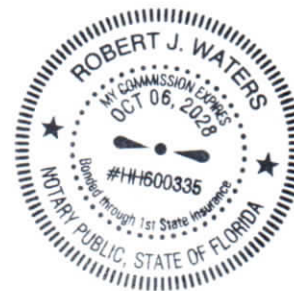
Executed on 12/05/2024 in Miami (city), FL (state).

[Signature]
Signature of Authorized Officer or Agent

Dani Medina - Manager VP
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 5TH DAY OF December, 2024.

[Signature]
NOTARY PUBLIC
My Commission Expires:
10/06/2028



My Company Account

My Company Profile

Company Information

Company Name

Molina Garage

Doing Business As (DBA) Name

Molina Garage

Company ID

1837575

Enrollment Date

May 24, 2022

Employer Identification Number (EIN)

591362309

Unique Entity Identifier (UEI)

DUNS Number

591362309

Total Number of Employees

5 to 9

NAICS Code

811

Sector

Other Services (Except Public Administration)

Subsector

Repair and Maintenance

[Edit Company Information](#)

Employer Category

Employer Category

None of these categories apply

[Edit Employer Category](#)

Company Addresses

Physical Address

2091 NW 7 AVE
MIAMI, FL 33127

Mailing Address

Same as Physical Address

[Edit Company Addresses](#)

Hiring Sites

Number of Sites

1

[Edit Hiring Sites](#)

Company Access and MOU

My Company is configured to:

Verify Its Own Employees

Memorandum of Understanding

[View Current MOU](#)

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Plug-ins](#) [Site Map](#)

My User Profile

Dani Medina

User Information

User ID

DMED5334

Email Address

molinasgarage@att.net

Last Name

Medina

First Name

Dani

Middle Initial

Phone Number

(305) 324-4203

[Edit User Information](#)

Password

Password Expires

March 1, 2025 (in 89 days)

[Change Password](#)

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Plug-ins](#) [Site Map](#)



CITY OF CORAL GABLES
FINANCE DEPARTMENT/PROCUREMENT DIVISION
LOBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed


It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Authorized Signature: 
Printed Name: Dani Medina
Date: 12-2-2024
Title: Manager
Bidder/Proposer Name: Molina Garcia